

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00


FILED

Jan 25, 1999 8:00am
Secretary of State

01-25-1999 90018 002 ***158.75



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 592339					
1. Corporation Name GRANVILL PHARMACEUTICALS LABORATORIES, CORPORATION					
Principal Place of Business 1408 20TH STREET MIAMI BEACH FL 33139			Mailing Address 1408 20TH STREET MIAMI BEACH FL 33139		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/03/1978	
21		26		4. FEI Number 59-2202162	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes the current year Intangible Personal Property Tax <input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28		81	
Zip		Country		82	
24		29		83	
25		30		84	
9. Name and Address of Current Registered Agent GRANADO, CARLOS V. 5800 S.W. 45 TERRACE MIAMI FL 33155				10. Name and Address of New Registered Agent	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.				85	
SIGNATURE				DATE	
Signature, typed or printed name of registered agent and title if applicable				(NOTE: Registered Agent signature required when reinstating)	
12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE				1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME T GRANADO, DEISE C				1.2 NAME	
STREET ADDRESS 5800 SW 45 TERRACE				1.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI, FL 00000				1.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE				2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME PD GRANADO, CARLOS V.				2.2 NAME	
STREET ADDRESS 5800 S.W. 45 TERRACE				2.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL				2.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE				3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME V GRANADO, JUAN C.				3.2 NAME	
STREET ADDRESS 5800 S.W. 45 TERRACE				3.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL				3.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE				4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME SD FRANADO, AMERICA D				4.2 NAME	
STREET ADDRESS 5800 SW 45 TERRACE				4.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI, FL 00000				4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE				5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME	
STREET ADDRESS				5.3 STREET ADDRESS	
CITY-ST-ZIP				5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE				6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME	
STREET ADDRESS				6.3 STREET ADDRESS	
CITY-ST-ZIP				6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **CARLOS V. GRANADO** 1-6-99 5312697
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)